837 Health Care Claim : Dental

HIPAA/V5010X224A2/837: 837 Health Care Claim : Dental

Encounter Version: 1.0

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Company:	**Bureau of TennCare**
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Trading Partner:	**DBM**
Notes:	

Table of Contents

837 Health Care Claim : Dental

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required
LOOP ID - 1000A					**1**	**N1/0200L**	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					**1**	**N1/0200L**	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					**1**	**N2/0150L**	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	O	1			Required
0350	REF	Billing Provider UPIN/License Information	O	2			Situational
0400	PER	Billing Provider Contact Information	O	2			Situational
LOOP ID - 2010AB					**1**	**N2/0150L**	
0150	NM1	Pay-to Address Name	O	1		N2/0150	Situational
0250	N3	Pay-to Address - ADDRESS	O	1			Required

0300	N4	Pay-to Address - City, State, ZIP Code	O	1			Required
LOOP ID - 2010AC					**1**	**N2/0150L**	
0150	NM1	Pay-To Plan Name	O	1		N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1			Required
0300	N4	Pay-To Plan City, State, Zip Code	O	1			Required
0350	REF	Pay-To Plan Secondary Identification	O	1			Situational
0350	REF	Pay-To Plan Tax Identification Number	O	1			Required
LOOP ID - 2000B					**>1**		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
LOOP ID - 2010BA					**1**	**N2/0150L**	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP Code	O	1			Required
0320	DMG	Subscriber Demographic Information	O	1			Situational
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim Number	O	1			Situational
LOOP ID - 2010BB					**1**	**N2/0150L**	
0150	NM1	Payer Name	O	1		N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Required
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary Identification	O	1			Situational
LOOP ID - 2300					**100**		
1300	CLM	Claim Information	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Appliance Placement	O	1			Situational
1350	DTP	Date - Service Date	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1450	DN1	Orthodontic Total Months of Treatment	O	1			Situational
1500	DN2	Tooth Status	O	35			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Predetermination Identification	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational

1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	5			Situational
2310	HI	Health Care Diagnosis Code	O	1			Situational
2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A					**2**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2550	PRV	Referring Provider Specialty Information	O	1			Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOP ID - 2310B					**1**	**N2/2500L**	
2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1			Required
2710	REF	Rendering Provider Secondary Identification	O	4			Situational
LOOP ID - 2310C					**1**	**N2/2500L**	
2500	NM1	Service Facility Location Name	O	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, Zip Code	O	1			Required
2710	REF	Service Facility Location Secondary Identification	O	3			Situational
LOOP ID - 2310D					**1**	**N2/2500L**	
2500	NM1	Assistant Surgeon Name	O	1		N2/2500	Situational
2550	PRV	Assistant Surgeon Specialty Information	O	1			Required
2710	REF	Assistant Surgeon Secondary Identification	O	4			Situational
LOOP ID - 2310E					**1**	**N2/2500L**	
2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4			Situational
LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage	O	1			Required

		Information					
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/Zip Code	O	1			Required
3550	REF	Other Subscriber Secondary Identification	O	2			Situational
LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State ,ZIP Code	O	1			Required
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	3			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Predetermination Identification	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP ID - 2330C					**2**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required
LOOP ID - 2330E					**1**	**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Identification	O	3			Required
LOOP ID - 2330F					**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required
LOOP ID - 2330G					**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational

3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required
LOOP ID - 2330H					**1**	**N2/3250L**	
3250	NM1	Other Payer Assistant Surgeon	O	1		N2/3250	Situational
3550	REF	Other Payer Assistant Surgeon Secondary Identifier	O	3			Required
LOOP ID - 2400					**50**	**N2/3650L**	
3650	LX	Service Line Counter	O	1		N2/3650	Required
3800	SV3	Dental Service	O	1			Required
3820	TOO	Tooth Information	O	32			Situational
4550	DTP	Date - Service Date	O	1			Situational
4550	DTP	Date - Prior Placement	O	1			Situational
4550	DTP	Date - Appliance Placement	O	1			Situational
4550	DTP	Date - Replacement	O	1			Situational
4550	DTP	Date - Treatment Start	O	1			Situational
4550	DTP	Date - Treatment Completion	O	1			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Service Predetermination Identification	O	5			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Claim Number	O	1			Situational
4700	REF	Adjusted Repriced Claim Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Required
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Assistant Surgeon Name	O	1		N2/5000	Situational
5050	PRV	Assistant Surgeon Specialty Information	O	1			Situational
5250	REF	Assistant Surgeon Secondary Identification	O	20			Situational
LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20			Situational
LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Service Facility Location Name	O	1		N2/5000	Situational
5140	N3	Service Facility Location	O	1			Required

		Address					
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	20			Situational
LOOP ID - 2430					**15**	**N2/5400L**	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
LOOP ID - 2000C					**>1**		
0010	HL	Patient Hierarchical Level	O	1			Situational
0070	PAT	Patient Information	O	1			Required
LOOP ID - 2010CA					**1**	**N2/0150L**	
0150	NM1	Patient Name	O	1		N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City, State, ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
LOOP ID - 2300					**100**		
1300	CLM	Claim Information	O	1			Required
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Appliance Placement	O	1			Situational
1350	DTP	Date - Service Date	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1450	DN1	Orthodontic Total Months of Treatment	O	1			Situational
1500	DN2	Tooth Status	O	35			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Predetermination Identification	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	5			Situational
2310	HI	Health Care Diagnosis Code	O	1			Situational

2410	HCP	Claim Pricing/Repricing Information	O	1			Situational
LOOP ID - 2310A					**2**	**N2/2500L**	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2550	PRV	Referring Provider Specialty Information	O	1			Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOP ID - 2310B					**1**	**N2/2500L**	
2500	NM1	Rendering Provider Name	O	1		N2/2500	Situational
2550	PRV	Rendering Provider Specialty Information	O	1			Required
2710	REF	Rendering Provider Secondary Identification	O	4			Situational
LOOP ID - 2310C					**1**	**N2/2500L**	
2500	NM1	Service Facility Location Name	O	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, Zip Code	O	1			Required
2710	REF	Service Facility Location Secondary Identification	O	3			Situational
LOOP ID - 2310D					**1**	**N2/2500L**	
2500	NM1	Assistant Surgeon Name	O	1		N2/2500	Situational
2550	PRV	Assistant Surgeon Specialty Information	O	1			Required
2710	REF	Assistant Surgeon Secondary Identification	O	4			Situational
LOOP ID - 2310E					**1**	**N2/2500L**	
2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider Secondary Identification	O	4			Situational
LOOP ID - 2320					**10**	**N2/2900L**	
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP ID - 2330A					**1**	**N2/3250L**	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/Zip Code	O	1			Required
3550	REF	Other Subscriber Secondary Identification	O	2			Situational

LOOP ID - 2330B					**1**	**N2/3250L**	
3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State ,ZIP Code	O	1			Required
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	3			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Predetermination Identification	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP ID - 2330C					**2**	**N2/3250L**	
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOP ID - 2330D					**1**	**N2/3250L**	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3			Required
LOOP ID - 2330E					**1**	**N2/3250L**	
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Supervising Provider Identification	O	3			Required
LOOP ID - 2330F					**1**	**N2/3250L**	
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	O	2			Required
LOOP ID - 2330G					**1**	**N2/3250L**	
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required
LOOP ID - 2330H					**1**	**N2/3250L**	
3250	NM1	Other Payer Assistant Surgeon	O	1		N2/3250	Situational
3550	REF	Other Payer Assistant Surgeon Secondary Identifier	O	3			Required

LOOP ID - 2400					**50**	**N2/3650L**	
3650	LX	Service Line Counter	O	1		N2/3650	Required
3800	SV3	Dental Service	O	1			Required
3820	TOO	Tooth Information	O	32			Situational
4550	DTP	Date - Service Date	O	1			Situational
4550	DTP	Date - Prior Placement	O	1			Situational
4550	DTP	Date - Appliance Placement	O	1			Situational
4550	DTP	Date - Replacement	O	1			Situational
4550	DTP	Date - Treatment Start	O	1			Situational
4550	DTP	Date - Treatment Completion	O	1			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Service Predetermination Identification	O	5			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Repriced Claim Number	O	1			Situational
4700	REF	Adjusted Repriced Claim Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP ID - 2420A					**1**	**N2/5000L**	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Required
5250	REF	Rendering Provider Secondary Identification	O	20			Situational
LOOP ID - 2420B					**1**	**N2/5000L**	
5000	NM1	Assistant Surgeon Name	O	1		N2/5000	Situational
5050	PRV	Assistant Surgeon Specialty Information	O	1			Situational
5250	REF	Assistant Surgeon Secondary Identification	O	20			Situational
LOOP ID - 2420C					**1**	**N2/5000L**	
5000	NM1	Supervising Provider Name	O	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	O	20			Situational
LOOP ID - 2420D					**1**	**N2/5000L**	
5000	NM1	Service Facility Location Name	O	1		N2/5000	Situational
5140	N3	Service Facility Location Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	O	20			Situational
LOOP ID - 2430					**15**	**N2/5400L**	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance	O	1			Required

		Date			
5505	AMT	Remaining Patient Liability	O	1	Situational
5550	SE	Transaction Set Trailer	M	1	Required

PRV Billing Provider Specialty Information

Pos: 0030	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code** **Description:** Code identifying the type of provider	M	ID	1/3	Required
PRV02	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	X	ID	2/3	Required
PRV03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X	AN	1/50	Required

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B - 837D)

Detail: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

NM1 Billing Provider Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 8

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name	X	AN	1/60	Required
NM104	1036	**Name First** **Description:** Individual first name	O	AN	1/35	Situational
NM105	1037	**Name Middle** **Description:** Individual middle name or initial	O	AN	1/25	Situational
NM107	1039	**Name Suffix** **Description:** Suffix to individual name	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2	Situational
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Encounter Notes:** *Error Message: NPI MUST BE THE BILLING PROVIDER PRIMARY IDENTIFIER* *Detail: Excludes denied claims with ARC 107. If the Billing Provider is a HealthCare provider (not atypical), If 2010AA NM108 value is = XX and the 2010AA NM109 value is not 10 digits or does not contain a correct check digit, set edit. An atypical provider is identified by the taxonomy code in 2000/PRV03 where PRV01=BI and is defined as any on the taxonomy listing provided by TennCare in the "Taxonomy Codes with healthcare provider Indicator 20071016" document. These are defined by TennCare as healthcare providers and non-healthcare providers (the N values are Atypical).*	X	AN	2/80	Situational

NM1 Payer Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 5

User Option (Usage): Required
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name	X	AN	1/60	Required
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2	Required
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Encounter Notes:** *Error Message: PAYER NAME IDENTIFICATION NUMBER INVALID - TennCare Required ID Number Is Missing (837D, 2010BB/NM109).* *Detail: If (837D: 2010BB/NM109 where NM101=PR) != 626001445, then set edit.*	X	AN	2/80	Required

CLM Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

User Option (Usage): Situational
Purpose: To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM01	1028	**Claim Submitter's Identifier** **Description:** Identifier used to track a claim from creation by the health care provider through payment	M	AN	1/38	Required
CLM02	782	**Monetary Amount** **Description:** Monetary amount	O	R	1/18	Required
CLM05	C023	**Health Care Service Location Information** **Description:** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	O	Comp		Required
CLM05-01	1331	**Facility Code Value** **Description:** Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.	M	AN	1/2	Required
CLM05-02	1332	**Facility Code Qualifier** **Description:** Code identifying the type of facility referenced	O	ID	1/2	Required
CLM05-03	1325	**Claim Frequency Type Code** **Description:** Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type **Encounter Notes:** *Error Message: CLAIM FREQUENCY CODE 7 IS NOT ALLOWED - Replacement Encounter Claims Are Not Processed By TennCare (2300/CLM05-3).* *Detail: If 2300/CLM05-3 is equal to "7", then error.*	O	ID	1/1	Required
CLM06	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response	O	ID	1/1	Required
CLM07	1359	**Provider Accept Assignment Code** **Description:** Code indicating whether the provider accepts assignment	O	ID	1/1	Required
CLM08	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response	O	ID	1/1	Required

CLM09	1363	**Release of Information Code** **Description:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations	O	ID	1/1	Required
CLM11	C024	**Related Causes Information** **Description:** To identify one or more related causes and associated state or country information	O	Comp		Situational
CLM11-01	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident	M	ID	2/3	Required
CLM11-02	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident	O	ID	2/3	Situational
CLM11-04	156	**State or Province Code** **Description:** Code (Standard State/Province) as defined by appropriate government agency	O	ID	2/2	Situational
CLM11-05	26	**Country Code** **Description:** Code identifying the country	O	ID	2/3	Situational
CLM12	1366	**Special Program Code** **Description:** Code indicating the Special Program under which the services rendered to the patient were performed	O	ID	2/3	Situational
CLM19	1383	**Claim Submission Reason Code** **Description:** Code identifying reason for claim submission	O	ID	2/2	Situational
CLM20	1514	**Delay Reason Code** **Description:** Code indicating the reason why a request was delayed	O	ID	1/2	Situational

DTP Date - Service Date

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times **Encounter Notes:** *Error Message: DATE OF SERVICE CANNOT BE BEFORE DATE OF BIRTH - All services must take place on or after the date of birth (2010CA/DMG02 or 2010BA/DMG02).* *Detail: Excludes denied claims with ARC 107. Date of service = 2300/DTP03 (DTP01=472), Date of birth = 2010BA/DMG02 or 2010CA/DMG02. Error if date of birth is after date of service. All services must take place on or after the date of birth. Error Message: HEADER SERVICE DATE MUST BE WITHIN DETAIL SERVICE DATES - The detail level dates if used must be within the range of the header dates. Detail: Excludes denied claims with ARC 107. Check if 2400/DTP03 are within 2300/DTP03. This is a claim level edit. The detail level dates, if used, must be within the range of the header dates. If the claim service date is > the detail service date on the claim, an error will be reported. The dates are found in 2300/DTP03 (837D: DTP01=472).*	M	AN	1/35	Required

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Encounter Notes:** *Error Message: REQUIRED ORIGINAL REFERENCE NUMBER MISSING - TennCare Requires a Voided Claim (CLM05-3 = 8) To Be Submitted With The Original Claim Number (REF02 when REF01= F8). Detail: If 2300/CLM05-3 = 8 and if no data in 2300/REF02 where REF01=F8, then set edit. If 2300/REF01=F8 segment is missing, set the edit.*	X	AN	1/50	Required

NTE Claim Note

Pos: 1900	Max: 5
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational
Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code** **Description:** Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required
NTE02	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **Encounter Notes:** *Error Message: REQUIRED CLAIM SEQUENCE NUMBER MISSING - TennCare sequencer is defined as the first subcomponent (NTE02-1) of the 2300 NTE02 where the NTE01 = ADD.* *Detail: 2300 NTE02 is Required for TennCare. The ONLY allowed NTE01 qualifier is 'ADD'. HIPAA defined standard element of length 80. The edit parses the NTE02 when NTE01 = "ADD", from the beginning of the element until either the segment terminator or the pipe symbol "|" is encountered. If the pipe symbol is encountered, all bytes following it until the segment terminator are the claim note and all bytes prior to the pipe are to be considered the Processing Sequence Identifier. If no pipe is found then the entire contents are considered Processing Sequence Identifier (80 bytes).This is a SNIP 1 error. The SNIP 7 error will set when the NTE02 is missing.*	M	AN	1/80	Required

NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 8

User Option (Usage): Situational
Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name	X	AN	1/60	Required
NM104	1036	**Name First** **Description:** Individual first name	O	AN	1/35	Situational
NM105	1037	**Name Middle** **Description:** Individual middle name or initial	O	AN	1/25	Situational
NM107	1039	**Name Suffix** **Description:** Suffix to individual name	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67)	X	ID	1/2	Situational
NM109	67	**Identification Code** **Description:** Code identifying a party or other code	X	AN	2/80	Situational

PRV Rendering Provider Specialty Information

Pos: 2550	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 3

User Option (Usage): Required
Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code** **Description:** Code identifying the type of provider	M	ID	1/3	Required
PRV02	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	X	ID	2/3	Required
PRV03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X	AN	1/50	Required

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B - 837D)

Detail: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

SBR Other Subscriber Information

Pos: 2900	Max: 1
Detail - Optional	
Loop: 2320	Elements: 6

User Option (Usage): Situational
Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code** **Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim	M	ID	1/1	Required
SBR02	1069	**Individual Relationship Code** **Description:** Code indicating the relationship between two individuals or entities	O	ID	2/2	Required
SBR03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/50	Situational
SBR04	93	**Name** **Description:** Free-form name	O	AN	1/60	Situational
SBR05	1336	**Insurance Type Code** **Description:** Code identifying the type of insurance policy within a specific insurance program	O	ID	1/3	Situational
SBR09	1032	**Claim Filing Indicator Code** **Description:** Code identifying type of claim **Encounter Notes:** *Error Message: Claim Filing Indicator Code Invalid, value of HM must be used. Detail: 2320/SBR09 must = HM, Health Maintenance Organization. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require the code.*	O	ID	1/2	Situational

CAS Claim Level Adjustments

Pos: 2950	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

User Option (Usage): Situational
Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code** **Description:** Code identifying the general category of payment adjustment	M	ID	1/2	Required
CAS02	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	M	ID	1/5	Required
CAS03	782	**Monetary Amount** **Description:** Monetary amount	M	R	1/18	Required
CAS04	380	**Quantity** **Description:** Numeric value of quantity	O	R	1/15	Situational
CAS05	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS06	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS07	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS09	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS10	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS11	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS12	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS13	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS14	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS15	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational

CAS16	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS17	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS18	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS19	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 3000	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational
Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount	M	ID	1/3	Required
AMT02	782	**Monetary Amount** **Description:** Monetary amount **Encounter Notes:** *Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 24 then the header is capitated and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).\ Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero. Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops) Error Message: MCC PAID AMOUNT CANNOT BE GREATER THAN MCC ALLOWED AMOUNT - Allowed Amount 2320/AMT02. Detail: Paid amount = 2320/AMT02 where AMT01=D(Payer Paid Amount). If paid amount > allowed amount, then error.*	M	R	1/18	Required

DTP Claim Check Or Remittance Date

Pos: 3500	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

User Option (Usage): Situational
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times	M	AN	1/35	Required

Encounter Notes: *Error Message: REQUIRED MCC ADJUDICATION DATE MISSING - DATE 2330B/DTP03 Must Be Submitted (DTP01='573').*

Detail: Segment 2330B/DTP03 where DTP01=573 is required. This is mandatory for all transaction types. When the 2330B/DTP segment is missing, edit will set. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require MCC date.

Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO FROM DATE OF SERVICE.

*Detail: If any claim service from date (837D: 2300/DTP03 where DTP01=434) is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02. The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (FROM Date - the first date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".*

Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.

*Detail: If any claim service 'through' date (837D: 2300/DTP03 where DTP01=434) is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02. Exclusion: The DTP02 should be inspected and if the DTP02=RD8, then the End date (the last date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".*

REF Other Payer Secondary Identifier

Pos: 3550	Max: 3
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Encounter Notes:** *Error Message: REQUIRED ENCOUNTER SEGMENT MISSING - TennCare requires at least one 2330B/REF02 segment with REF01=2U for Encounter Claims.* *Detail: Edit will verify that one REF segment at the 2330B level with a REF01=2U, with the first 3 bytes = MCC, is present to indicate the MCC ID.* *Error Message: MISSING OR INVALID TPL CARRIER CODE - NOT VALID FOR TENNCARE (Data in 2330B REF02 not on TennCare code list).* *Detail: TennCare Requires the MCC to use valid Third Party Liability carrier codes when reporting TPL payments. Verify that the value submitted in 2330B/REF02 if REF01=2U is contained on the table. If not, set the edit. Must use TN table of carrier codes as a custom code list.*	X	AN	1/50	Required

REF Other Payer Claim Control Number

Pos: 3550	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational
Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification	M	ID	2/3	Required
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Encounter Notes:** *Error Message: REQUIRED MCC ICN MISSING OR INVALID - 2330B/REF02 Must Contain a Valid Internal Control Number.* *Detail: Mandatory element for MCC loop. If 2330B/REF02=0's or 9's or blank, If REF01 = F8. This edit should set if the qualifier is F8 and the REF02 is zeros or all nines or if missing. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require the ICN.*	X	AN	1/50	Required

SVD Line Adjudication Information

Pos: 5400 **Max: 1**
Detail - Optional
Loop: 2430 **Elements: 5**

User Option (Usage): Situational
Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD01	67	**Identification Code** **Description:** Code identifying a party or other code	M	AN	2/80	Required
SVD02	782	**Monetary Amount** **Description:** Monetary amount **Encounter Notes:** *Error Message: MCC LINE LEVEL PAID AMOUNT MISSING - The line paid amount 2430/SVD02 is required by TennCare.* *Detail: 2430/SVD02 value is required by TennCare, so the 2430/SVD segment must be in the service line. Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 24 then the header is capitated and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).\ Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero. Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit. If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL*	M	R	1/18	Required

		loops)				
SVD03	C003	**Composite Medical Procedure Identifier** **Description:** To identify a medical procedure by its standardized codes and applicable modifiers	O	Comp		Required
SVD03-01	235	**Product/Service ID Qualifier** **Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)	M	ID	2/2	Required
SVD03-02	234	**Product/Service ID** **Description:** Identifying number for a product or service	M	AN	1/48	Required
SVD03-03	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVD03-04	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVD03-05	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVD03-06	1339	**Procedure Modifier** **Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN	2/2	Situational
SVD03-07	352	**Description** **Description:** A free-form description to clarify the related data elements and their content	O	AN	1/80	Situational
SVD05	380	**Quantity** **Description:** Numeric value of quantity	O	R	1/15	Required
SVD06	554	**Assigned Number** **Description:** Number assigned for differentiation within a transaction set	O	N0	1/6	Situational

CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational
Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code** **Description:** Code identifying the general category of payment adjustment	M	ID	1/2	Required
CAS02	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	M	ID	1/5	Required
CAS03	782	**Monetary Amount** **Description:** Monetary amount	M	R	1/18	Required
CAS04	380	**Quantity** **Description:** Numeric value of quantity	O	R	1/15	Situational
CAS05	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS06	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS07	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS09	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS10	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS11	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS12	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS13	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS14	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS15	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational

CAS16	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational
CAS17	1034	**Claim Adjustment Reason Code** **Description:** Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Detail: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*	X	ID	1/5	Situational
CAS18	782	**Monetary Amount** **Description:** Monetary amount	X	R	1/18	Situational
CAS19	380	**Quantity** **Description:** Numeric value of quantity	X	R	1/15	Situational

DTP Line Check or Remittance Date

Pos: 5500	Max: 1
Detail - Optional	
Loop: 2430	Elements: 3

User Option (Usage): Required
Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier** **Description:** Code specifying type of date or time, or both date and time	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier** **Description:** Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	**Date Time Period** **Description:** Expression of a date, a time, or range of dates, times or dates and times	M	AN	1/35	Required

Encounter Notes: *Error Message: SERVICE LINE ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO FROM DATE OF SERVICE.*

*Detail: The edit applies to only the 2400 service dates. If any 'from' service date (837D: 2400/DTP03 where DTP01=472) is greater than the line adjudication date (2430/DTP where DTP01=573), then that date is in error. Flag the error at the 2430 DTP02. The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (FROM-the first date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".*

Error Message: SERVICE LINE ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.

*Detail: The edit applies to only the 2400 service end dates If any end (FROM) service date (837D: 2400/DTP03 where DTP01=472) is greater than the line adjudication date (2430/DTP where DTP01=573), then that date is in error. Flag the error at the 2430 DTP02. The DTP02 should be inspected and if the DTP02=RD8, then the END date (the last date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".*